

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615748

FILED
Jan 14, 2009
Secretary of State

Entity Name: FLORIDA DREDGE AND DOCK, INC.

Current Principal Place of Business:

FLORIDA DREDGE AND DOCK INC
1040 ISLAND AVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA DREDGE AND DOCK INC
1040 ISLAND AVE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-1897753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, WILLIAM D JR
16340 IOLA WOODS TRAIL
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FLETCHER, WILLIAM D, SR
Address: 330 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677 US

Title: TD () Delete
Name: FLETCHER, CHESTER E,
Address: 2876 UNION ST
City-St-Zip: CLEARWATER, FL US

Title: SD () Delete
Name: FLETCHER, INGER,
Address: 330 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677 US

Title: PD (X) Delete
Name: FLETCHER, WILLIAM D, JR
Address: 16340 IOLA WOODS TRAIL
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAM, FLETCHER D PRES
Address: 16340 IOLA WOODS TRAIL
City-St-Zip: DADE CITY, FL 33523 US

Title: VP (X) Change () Addition
Name: CHESTER, FLETCHER E VP
Address: 2876 UNION ST
City-St-Zip: CLEARWATER, FL US

Title: TREA (X) Change () Addition
Name: INGER, FLETCHER TREASUR
Address: 330 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D FLETCHER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date